



IDAHO STATE CAPITOL PUBLIC EVENT REQUEST & STATEMENT OF RESPONSIBILITY

Need help? **EMAIL:** CapitolBuildingFrontSteps@adm.idaho.gov or **CALL:** 208-332-1930

COMPLETE FORM, SIGN, & SUBMIT:

FAX: 208-334-4031 ♦ **EMAIL:** CapitolBuildingFrontSteps@adm.idaho.gov ♦ **POST/DELIVER:** DPW, 502 N. 4th St, Boise, ID 83702

LOCATION DESIRED: Rotunda 2nd Floor (8 hr max) Jefferson Street Steps (4 hr max)

EQUIPMENT YOU'D LIKE SET UP: Lecturn PA System (available on Steps only)

EQUIPMENT YOU WILL BRING (optional): _____

EVENT NAME/TITLE & DESCRIPTION: _____

EVENT DATE: _____ **START TIME:** _____ **END TIME:** _____
Max of 180 days from today. Be sure to allow time for setup and/or cleanup.

NUMBER OF ATTENDEES EXPECTED: _____

SPONSORING ORG./INDIVIDUAL: _____

SPONSOR ADDRESS: _____

SPONSOR PHONE: _____ **EMAIL:** _____

NAME OF PERSON(S) OVERSEEING EVENT: _____
A person/ persons who will be physically present during event.

PHONE NUMBER TO REACH OVERSEER DURING EVENT: _____

OTHER NOTES OR COMMENTS (optional): _____

IMPORTANT:

Reservations may be made up to **6 MONTHS** in advance, as per IDAPA 38.04.08:400

AVAILABLE RESERVATION HOURS:

During Legislative Session:
Mon-Fri, 6:00am - 10:00pm
Sat-Sun, 9:00am - 5:00pm

Between Legislative Sessions:
Mon-Fri, 6:00am - 6:00pm
Sat - Sun, 9:00am - 5:00pm

Public space at the Capitol may be used outside the hours listed above; however, reservations can be made *only* for the listed hours.

If you request equipment (lecturn or PA system) it will be set up 15 minutes prior to event start time.

AGREEMENT: By signing below, the sponsoring organization or individual confirms: (1) it has read, understood, and acknowledges its responsibility to abide by IDAPA 38.04.04 at <http://adminrules.idaho.gov/rules/current/38/0408.pdf>; and (2) it will be responsible for reimbursement of labor and material costs incurred by the State of Idaho for repairs, resurfacing, or cleaning which directly related to damage to the Capitol Building or grounds as a result of the event.

★ ★ **NOTE: UNSIGNED REQUESTS WILL BE REJECTED** ★ ★

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **RELATIONSHIP TO SPONSOR:** _____

ADMIN USE ONLY	APPROVED:	ADM Auth Signature:	Date:	Confirmation Number:
	DENIED:			
Notes:				